

06-23-06

RCE  
274  
CC

Express Mail Label No.: EV 669114445 US

Atty. Dkt. No. 351325-0102

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Saragovi et al.

Title: Compound Targeted For  
Specific Cells With Reduced  
Systemic Toxicity

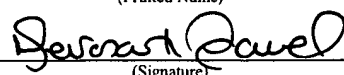
Appl. No.: 10/600,623

Appl. Filing Date: 6/20/2003

Examiner: Brandon J. Fetterolf

Art Unit: 1642

Confirmation Number: 7195

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 669114445 US (Express Mail Label Number)	June 21, 2006 (Date of Deposit)
Devora L. Gavel (Printed Name)	
 (Signature)	

**REQUEST FOR CONTINUED EXAMINATION (RCE)**  
**TRANSMITTAL**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

06/26/2006 MAHME1 00000046 10600623

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BOST\_205455.1

395.00 OP

-1-

☐ Please enter and consider the amendment and/or reply previously filed on \_\_.

☐ Please consider the Affidavit(s)/Declaration(s) previously filed on \_\_ but not considered.

b. Enclosed are:

☒ Amendment/Reply.

☐ Affidavit(s)/Declaration(s).

☒ Information Disclosure Statement.

☒ Form PTO-1449 with copies of 14 listed reference(s).

☒ PTO-2038 Credit Card Authorization Payment Form in the amount of \$635.00 which includes the \$395.00 RCE Filing fee, \$60.00 Extension of Time fee and the \$180.00 fee for submission of Information Disclosure Statement after Receipt of First Office Action. The Applicant is a small entity.

☒ Return Receipt Postcard.

Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	3	- 34	= 0	x \$50.00	= \$0.00
Independents	1	- 5	= 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00

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CLAIMS FEE TOTAL: = \$790.00

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☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$120.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE SUBTOTAL:		\$120.00
EXTENSION FEE ALREADY PAID: -		\$0.00
EXTENSION FEE TOTAL		\$120.00
CLAIMS AND EXTENSION FEE TOTAL:		\$910.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$455.00
Submission of an Information Disclosure Statement after First		
<input type="checkbox"/> Office Action 1.17(p)		\$180.00
TOTAL FEE:		\$635.00

A credit card payment form in the amount of \$635.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-3431 Ref. No. 351-0102. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-3431 Ref. No. 351-0102.

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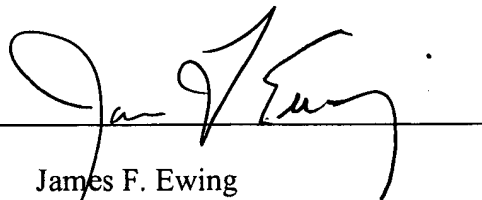
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date June 21, 2006

FOLEY & LARDNER LLP  
Customer Number: 48329  
Telephone: (617) 342-4088  
Facsimile: (617) 342-4001

By

A handwritten signature in black ink, appearing to read 'James F. Ewing', is written over a horizontal line.

James F. Ewing  
Attorney for Applicant  
Registration No. 52,875